... unites Ontario's municipalities

Report Series 1991

91-20 AMO's Response To The Reports of the Premier's Council on Health Strategy

Association of Municipalities of Ontario
December 1991

MISSION STATEMENT

AMO unites Ontario's municipalities.

We take pride in promoting, supporting and enhancing strong and effective municipal government.

We provide strategic leadership by:

- developing and effectively promoting responsive quality policy;
- informing and educating governments, the media and the public;
- marketing innovative and beneficial services.

Our elected representatives, municipal officials and association staff form a team which values and respects:

- diversity and local autonomy;
- fairness and equity;
- consultation;
- consensus;
- co-operation.

TABLE OF CONTENTS

92-06690/

PAGE

EXECUTIVE SUMMARY E-1

1 Introduction 1

2 *Local Decision-Making for Health and Social Services in the Community* 4
- 2.1 Principles 4
- 2.2 Criteria for Problem Solving 6
- 2.3 Problems 7
- 2.4 Options for Action 8
- 2.5 Priorities for Action 8
- 2.6 Devolution 9
- 2.7 Models for Devolution 10
- 2.8 AMO's Response to the Models for Devolution 12
- 2.9 Implementation 14
- 2.10 AMO's Response to Implementation Issues 16
  - 2.10.1 Issues for Consideration 17

3 *Nurturing Health: A Framework on the Determinants of Health* 19
- 3.1 AMO's Response 21

4 *A Vision of Health* and *Towards Health Outcomes, Goals 2 and 4: Objectives and Targets* 22
- 4.1 Goal 2 24

5 *From Vision to Action* and *Achieving the Vision: Human Health Resources* 30
- 5.1 AMO's Response 31

6 Conclusions 32

7 Summary of Recommendations 33

Bibliography 34

Appendix A - Principles of the Integration and Coordination Committee 35

EXECUTIVE SUMMARY

The Premier's Council on Health Strategy was established in December 1987 to provide leadership and guidance to the Provincial Government in achieving the goal of health for every citizen in Ontario. The final reports of the Premier's Council on Health Strategy were released on April 8 1991. Together, the reports establish a strategic framework for the development and management of public policy for health which looks beyond the health care system itself and examines other factors that affect well-being, including housing, education, employment and the environment.

Municipal governments have a limited direct involvement in the formal health care system, but do have significant involvement in the other broader public policy areas identified by the Premiers Council.

AMO believes that the adoption of this new comprehensive understanding of health will influence public policy at all levels of government. Therefore, the Association has reviewed the reports of the Premier's Council on Health Strategy towards both informing its member municipalities of their implications on decisions and policy formulation at the local level, as well as to identify the potential role of municipal governments in implementing a new vision of health and social services policy.

Local Decision-Making for Health and Social Services

AMO has responded to each report focusing on the report, *Local Decision-Making for Health and Social Services*. The overall intent of the Report's recommendations is "to create greater opportunity for people to participate in making decisions about the services they need in their communities, to make services more coordinated and responsive for those who use them, to make the system more efficient and to make its costs more predictable." In its response, AMO:

- Recommends an additional principle - *Local Decision-Making Focus*:
  - Decisions on services should be responsive to the specific local needs of the people and communities using them.
  - Pending the successful resolution of the disentanglement of provincial-municipal responsibilities, decision-making bodies should be accountable to the level or levels of government

responsible for health and social services.
- Each level of government should have representation on decision-making bodies commensurate with their responsibility and accountability for health and social services.

- Recommends an additional criteria for problem-solving: Clarify policy/management, funding and delivery roles of provincial-municipal governments for health and social services.

- Supports the Councils recommendations that "the government should work towards provincial models of decentralized service delivery in health and social services" and that "the government should consider the integration of major elements of the Ministries of Health and Community and Social Services."

- Agrees that the transfer of functions to the local level should not be merely the simple administrative decentralization of provincial functions but should involve the devolution of decision-making authority for budgetary allocation; service management; service planning; service coordination; and, service monitoring and evaluation to the local level.

AMO then recommends resolution of the issue regarding the most appropriate structure for local decision-making for health and social services be made in the context of the provincial-municipal disentanglement exercise.

Response to Other Reports of the Premier's Council

For the remainder of the reports of the Premier's Council, AMO has primarily summarized the main policy issues and recommendations, which, in principle, the Association supports. However, AMO's comments are prefaced with the following proviso: **That responsibilities for health and social services should be first resolved in the context of the disentanglement process.** Given this caveat, the following highlights AMO's key recommendations and comments.

Nurturing Health: A Framework on the Determinants of Health

AMO recognizes and understands the need for a re-orientation of public policy from a public health promotion model in which health is associated largely with lifestyle choices, to a model where health is increasingly tied to changes in the social and physical

environments. AMO puts forward the example of the Healthy Communities initiative as one way several municipalities have in fact been leading the way in public policy of this nature.

Nurturing Health and *A Vision of Health*

AMO believes that the principles and policies put forward in these reports should be key considerations in the determination of the most appropriate model for devolving authority for health and social services to the local level.

A Vision of Health and *Towards Health Outcomes, Goals 2 and 4: Objectives and Targets*

AMO has responded to Goal 2 of the Premier's Council: Foster strong and supportive families and communities. The Goal emphasizes the importance of the social environment to health. Many of the Goal's objectives and targets are largely under the jurisdiction of senior levels of government. Others call for negotiation and discussion between provincial and municipal governments to clearly define their roles and responsibilities for health and social services.

From Vision to Action and *Achieving the Vision*

The reports recommend pilot projects to test a program-based funding model, new forms of organization and management, and enhanced local planning, accountability and funding envelopes. AMO believes that the evaluation criteria for pilot projects should include a measurement of the progress towards achieving some of the objectives and targets discussed in the previously-reviewed report, *From Vision to Action*. AMO also recommends that this be discussed in the context of the issues on decision-making and government roles and responsibilities as addressed in AMO's response to the *Local Decision-Making for Health and Social Services* report.

Conclusions

In the process of pulling together all of the reports of the Premier's Council, it became clear to the Association that there is a need for clearer coordination between all of the recommendations. For example, AMO has noted that decisions on a model for local decision-making need to include consideration of the health and social services system as envisioned in the full set of reports.

Similarly, some recommendations of the Premier's Council require that for a new vision of health to be implemented, clarity in government roles and responsibilities for health and social services is required.

1 Introduction

The Premier's Council on Health Strategy was established in December 1987 in response to the findings of three major studies into health and health care in Ontario: *Toward a Shared Direction for Health in Ontario; Health for all Ontario; and Health Promotion Matters in Ontario.*

The Council's mission was to provide leadership and guidance to the Provincial Government in achieving the goal of health for every citizen in Ontario. In doing this, "the Council took the position that Ontarians must look beyond the health care system itself and examine other factors that affect our well-being, including housing, education, employment and the environment."

The final reports of the Premier's Council on Health Strategy were released on April 8 1991. The following reports make recommendations towards the development of a strategic framework for approaching the development and management of public policy for health:

- *A Vision of Health* and *Towards Health Outcomes: Goals 2 & 4 - Objectives and Targets*
- *Nurturing Health: A Framework on the Determinants of Health*
- *Local Decision-Making for Health and Social Services*
- *From Vision to Action* and *Achieving the Vision: Human Health Resources*

Provincial Government Position

As a general policy direction the Provincial Government supports the reports and the move towards the decentralization and integration of health and social services planning and management. In fact, several Provincial Government policy decisions in health and social services made over the past two years have been influenced by earlier reports of the Council. For example, to foster the better integration of services, the Ministry of Health and Community and Social Services now share a permanent assistant deputy minister. Also, the long-term care reform proposals for the

decentralization of services to the elderly and physically disabled adults were influenced by the Council's work. Finally, the Ministry of Health's movement towards allowing expenditures on community services to rise faster than those on institutional services is an additional change which has been attributed to the Council.

The Provincial Government's commitment to these reports was also demonstrated when it created the Premier's Council on Health, Well-Being and Social Justice in January 1991 with the expanded mandate to provide the government with research and advice on broader health matters. The reports of the Premier's Council will serve the basis of this new council's work.

Rationale of AMO's Response to the Reports

While no public consultation process was established for discussion of the reports of the Premier's Council, and no call for input or responses was made, AMO has endeavoured to respond to the reports for the following reasons.

First, the Association supports the general premise or foundation of the Council's work, that is, the adoption of the World Health Organization's definition of health:

> Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacity.

Through the adoption of this resolution, the Council has laid the groundwork for a new understanding of health. The Council's reports therefore represent a fundamental re-orientation of health and social services policy. Together, they establish a comprehensive view of health which not only looks at the formal health care system, but looks beyond that system to other factors and government policies which affect health and well-being such as housing, education, income, employment, support services, and the environment.

Municipal governments have a limited direct involvement in the formal health care system, but do have significant involvement in the other broader public policy areas identified by the Premier's Council as affecting the overall health of Ontarians. This involvement of municipal governments is noted in some of the recommendations of the reports.

An example of the influence of this understanding of health on public policy is the long-term care reform which will have significant impacts on how these services are managed, funded and delivered, and will change the role of municipal governments within the long-term care system.

AMO believes that the adoption of this new comprehensive understanding of health will influence public policy at all levels of government. Therefore, the Association has reviewed the reports of the Premier's Council on Health Strategy towards both informing its member municipalities of their implications on decisions and policy formulation at the local level, as well as to identify the potential role of municipal governments in implementing a new vision of health and social services policy.

Relationship to other Policy Initiatives

In developing a response, AMO has also taken into account the Association's positions and work on the following reports with respect to provincial-municipal roles and responsibilities in health and social services:

- *Strategies for Change - Comprehensive Reform of Ontario's Long-Term Care Services* (1990); and the soon to be released Re-Direction of Long-Term Care Services (1991)
- *Report of the Provincial-Municipal Social Services Review* (1990)
- *Report of the Advisory Committee to the Minister of Municipal Affairs on the Provincial-Municipal Financial Relationship* (The Hopcroft Report)

Structure of AMO's Response

AMO has responded to each report focusing on the report, *Local Decision-Making for Health and Social Services*. The following sections briefly summarize the main recommendations of the reports followed by AMO's response.

2 *Local Decision-Making for Health and Social Services in the Community*

The overall intent of the Report's recommendations is "to create greater opportunity for people to participate in making decisions about the services they need in their communities, to make services more coordinated and responsive for those who use them, to make the system more efficient and to make its costs more predictable."

Of all of the reports, this one is the most significant to be addressed by the municipal sector as it looks at governmental responsibilities and the decision-making structure for the health and social services system. Therefore, a detailed summary of the report is provided with an analysis and response from the Association for each part of the report.

2.1 Principles

The Committee first adopted the following principles of integration and coordination to form the value base for its work and recommendations. Appendix A describes, in greater detail, these three principles:

- *People Focus*: In examining the system, the focus must be on the needs of people as whole persons.
- *Service Focus*: Services must be developed to meet these needs.
- *Provincial Focus*: The provincial role must be to support people in meeting their needs.

AMO's Response to the Principles

The Report's focus, as represented in its title, is to examine "local decision-making". AMO therefore believes that, in addition to the above three principles, the principle of a "local decision-making focus" should be incorporated to ensure that decisions on services are responsive to the specific local needs of the people and communities using them. In addition, people should be able to hold their elected representatives responsible ("to account") for their decisions. Like the other principles, this principle takes people not structure as its point of departure, but unlike the others, incorporates accountability for decisions made on health and social services.

Accountability requires that the electorate is able to hold their elected representatives responsible for their decisions on health and social services. In order for this to be possible, the public must understand the responsibilities, roles and functions of their elected representatives, and the level of government responsible must have some authority to deal with those matters for which they will be held responsible and they must have influence over decisions on those matters. In order to have influence over decisions, each level of government should have representation on decision-making bodies commensurate with their responsibility and accountability for that service. For example, to the extent that municipalities continue to have responsibilities for health and social services, in order to ensure that decision-making on these local responsibilities is politically accountable to people, decision-making bodies should either include locally-elected representatives or be responsible to locally-elected bodies.

The issue of accountability is particularly important given that later in the report, the Committee considers two models for local decision-making: local government vs. special purpose body. AMO's positions and concerns regarding special purpose bodies are elaborated later in this response. As well, in section 2.10, AMO discusses the necessity of clarifying provincial-municipal responsibilities in order to promote greater government accountability (disentanglement). At this point, AMO believes it is important to first agree that a local decision-making focus with accountability should be one of the guiding principles.

Recommendation 1

AMO recommends the following additional principle - *Local Decision-Making Focus*:

Decisions on services should be responsive to the specific local needs of the people and communities using them.

Pending the successful resolution of the disentanglement of provincial-municipal responsibilities, decision-making bodies should be accountable to the level or levels of government responsible for health and social services.

Each level of government should have representation on decision-making bodies commensurate with their responsibility and accountability for health and social services.

2.2 Criteria for Problem Solving

After establishing its principles, the Committee decided to concentrate on finding solutions that would address the following broad purposes:

- Engage local people in decision-making.
- Reduce barriers to service.
- Increase the system's efficiency and cost predictability.

The Committee then narrowed its attention to health and social services as a logical portion of the entire human services spectrum. This is noted to be significant given that health and social services are frequently so related that it can be difficult to distinguish between a health need and a social service need. "This has resulted in overlapping mandates and service duplication between these two ministries, to the detriment of those who need assistance."

AMO's Response

AMO agrees with narrowing the analysis of the full spectrum of human services to focus on health and social services. But in focusing on health and social services,

AMO believes that what is first required is the clarification of governmental roles and responsibilities. Currently, there is a lack of clarity as to what level of government or decision-making body is responsible for the various services and programs which fall under the umbrella of "health and social services". As noted in the Association's recommendation on principles, this clarity is essential to ensure accountability.

Addressing this issue of clarity in responsibilities is very much in line with the Committee's emphasis on more coordinated, efficient and responsive service provision. Clarity would lead to significant benefits in terms of a clear public understanding of what level of government is responsible for the provision of these services, and a corresponding improvement in the responsiveness, effectiveness and efficiency of the services provided.

Therefore, in addition to the need to address the overlapping mandates of the Provincial Government ministries, AMO believes the following criterion for problem solving should be included to address the need for clarifying the policy/management, funding and delivery roles of provincial and municipal governments in health and social services:

Recommendation 2

AMO recommends the following additional criterion for problem-solving: Clarify policy/management, funding and delivery roles of provincial-municipal governments for health and social services.

2.3 Problems

Through the Committee's information gathering the following major problems were identified:

- Currently there is a lack of sufficient coordination of services for those individuals requiring more than one type of assistance.

- Sometimes decisions made at the provincial level are inappropriate to local circumstances.
- Those most affected by health-delivery decisions are not sufficiently involved in the decision-making process.
- There is concern about rising health care expenditures.

2.4 Options for Action

The Committee identified a need for action on three levels to address the principles, criteria and problems:

Provincial — Corporate links are needed between the Ministries of Health and Community and Social Services such as that achieved in the long-term care reform initiative through the establishment of the Community Health and Support Services Division.

Regional — There must be planning and coordination of services and inter-regional planning such as that in the district health council model.

Local — Local agencies must ensure that services to individuals are integrated and coordinated; for example, "gateway" approaches to service delivery exemplify this level of coordination.

2.5 Priorities for Action

The Committee decided to focus on regional service coordination in the belief that this was the level where it could make the greatest contribution. The Committee then looked at means of regional coordination and recommended a shift of authority from the provincial level to a more local level. Two Committee recommendations were accepted by the Council in December 1989 to address this decentralization of provincial services:

> The government should work towards provincial models of decentralized service delivery in health and social services.

The government should consider the integration of major elements of the Ministries of Health and Community and Social Services.

Recommendation 3

AMO supports the Premier's Council's recommendations for decentralized service delivery for health and social services and the integration of the major elements of the Ministries of Health and Community and Social Services.

2.6 Devolution

Instead of the simple administrative decentralization of provincial functions, the Committee concluded that the problems with the existing system would be most effectively addressed by "devolving" or transferring authority. The Committee commissioned a study to look at models of devolution to address the issues related to devolving authority. Key findings of this work indicated that evidence suggests that devolution is one way to get local people more actively involved in planning the services they use. There are also some indications that it may improve the cost efficiency of service delivery.

Input from focus group meetings held by the Committee to discuss devolution revealed that many believe Ontario needs more than one model to accommodate variations in local government structures, current service availability and the presence or absence of local advisory bodies. It was noted that this is especially significant in Northern Ontario where regional or upper tier government structures do not exist (except for the Regional Municipality of Sudbury) and where distances and sparse population add particular challenges to the tasks of service planning, service delivery and coordination.

Participants also noted the importance of carefully coordinating the provincial initiatives underway such as long-term care reform and the PMSSR.

The Report identified the following responsibilities which would be appropriately devolved: budgetary allocation; service management; service planning; service coordination; and, service monitoring and evaluation to the local level. Responsibility for policy formulation, legislation, funding and standards setting would remain at the provincial level along with the management of complex specialty areas.

AMO's Response

AMO agrees that the transfer of functions to the local level should not be merely the simple administrative decentralization of provincial functions, but should involve the devolution of decision-making authority to the local level.

AMO also agrees with the comments of many of the participants at focus group meetings, that in respect of the significant variations across the province, there should not be one model of devolution selected for application across all Ontario communities.

2.7 Models for Devolution

Based on this research and input, the Committee decided to focus on two models for the transfer of authority: a local government model or a special purpose body model.

The Committee notes the following similarities between the two models:

- each would assume the identical responsibilities of planning and coordinating services and allocating funding to the agencies and organizations within its geographic jurisdiction;
- sources of funding would remain unchanged, which means that the Province would remain the primary funding source and that no direct taxation by the regional bodies would occur;
- existing planning organizations would be incorporated into the structure; and,
- local authority would be limited only by provincial standards, funding and applicable federal and provincial legislation.

Local Government Model

The model makes local government accountable for planning and allocating resources for health and social services and for coordination and delivery of these services in the geographic area over which it has jurisdiction. Responsibility for these functions would be assumed by an elected body at the upper tier of local government; it would function as a committee of the municipal council and would report to that council's executive committee.

Advantages

- it offers the potential of using an existing structure where these exist;
- many regional governments have considerable experience in the provision of human services and this approach would utilize their expertise;
- it provides clear accountability to the community through direct election;
- it has the potential to coordinate devolved services with those services already being provided at the municipal level (e.g. recreation, social housing, water supply) all of which are important determinants of health; and,
- this is compatible with the current trend towards strengthening local government.

Disadvantages

- not all local governments have experience and expertise (e.g. many county governments);
- requires substantial adaptation in areas where there is no regional government structure (e.g. Northern Ontario (except for the Regional Municipality of Sudbury), and separated towns and cities);
- local governments may resist the expectation that they assume more responsibilities fearing that the Province is attempting to absolve itself of funding responsibilities; and,
- there are discussions underway between the Province and municipalities regarding their respective roles; decisions about the appropriateness of the local government model need to be made in the context of these broader discussions.

Special Purpose Body

A regional organization would be created and it would have the same responsibilities as the local government model. It would be composed of elected officials, appointed officials or a combination of both, and providers and consumers could serve as members with other community residents.

Advantages

- can build on the expertise of existing special purpose bodies like district health councils; and,

- it offers three options for accountability: provincial appointments; direct election; and a combination of elected and appointed members.

Disadvantages

- without direct election there is less obvious clear accountability to the community than with the local government model;

- opportunities for creating linkages with related municipal services are less apparent; and,

- likely to be resistance by local government and other stakeholders to the formation of another special purpose body.

2.8 AMO's Response to the Models for Devolution

The following are some additional advantages and disadvantages which AMO would like to put forward for consideration in the evaluation of the two alternative models. AMO's position or recommendations on which model it supports is addressed in the following section on implementation.

First, regarding both models, although the report notes the special circumstances of the North (except for the Regional Municipality of Sudbury), it is questionable whether <u>either</u> model would be appropriate in addressing the challenges of distance and sparse population. AMO therefore believes that further analysis and discussion of options for northern Ontario are warranted.

Special Purpose Body Model

An additional disadvantage is that a new structure will require a long time to become established and to be effective. For example, district health councils took

several years to become effective decision-making bodies.

Secondly, in several of the reports of the Premier's Council, it is noted that a major problem with current public policy is the lack of a holistic view of health that partly results from a division of health-related services into separate policy areas -- for example, "health", "housing", "social services", etc. It can be argued that creating new special purpose authorities would further move the system towards greater fragmentation of decision-making at the local level.

A final set of disadvantages include some of the key issues and concerns of the Association and its membership about the role and function of special purpose bodies. The district health model is an example used below to illustrate these concerns.

Special Purpose Bodies: Barrier to Direct Accountability

In general, special purpose bodies such as district health councils, are neither financially or politically accountable to municipal governments yet, under the enhanced role of DHCs, they are delegated the responsibilities of advising the Provincial Government on the allocation of funds and planning of health and social services at the local level. In this advisory role they have an impact on the setting of priorities for health and social services expenditures at the municipal level. As an unelected, intermediate body between local governments and the province they also represent a barrier to direct accountability at the provincial level.

AMO has expressed its opposition to the enhanced role of DHCs, stating that the current structure of DHCs does not incorporate any accountability for policy or funding decisions to an electorate, and that the proliferation of special purpose bodies reduces the ability of elected officials to establish local priorities and to control municipal expenditures.

Local Government Model

One disadvantage noted is that not all local governments have experience or are capable of assuming the devolved functions. AMO would note that this should not be an argument to dismiss local governments, but an observation which should beg the question as to what needs to be done to re-enforce local governments as viable decision-making authorities. For example, county

restructuring is an example of this where the attempt is to strengthen county governments so that they can perform additional upper tier functions.

2.9 Implementation

The Committee recognized that making a decision as to which model is most appropriate will require that the final decision must be based on both data and values. "Data are important to understanding the most cost-effective ways to improve health and social outcomes, but there are no data that can measure the intrinsic value of local people controlling the local resources which so significantly affect their lives." The Committee's expectation is that the merits of its recommendations will be weighed against potential criticism, and that decisions will be made on that basis.

The Committee then turned to examine some specific implementation issues:

Equity and Standards and Provincial Responsibilities

The Committee recognizes that devolution has the potential of improving equity in health status for all communities, a goal best attained by each community determining and creating the mix of service appropriate to its unique needs. However, the Province will have to provide regional bodies with broad standards for service provision and a core of health and social services must be required of all communities, although the mix and balance of services may differ.

In general, the balance between provincial standards and local autonomy will have to be negotiated during the implementation stage.

Ensuring Vulnerable Groups A Voice in Decision Making

The Committee believes that regional bodies (ie. upper tier municipal governments or special purpose bodies) can be more effective than the Province in creating opportunities for participation. The Province will need to support the work of these decision-making bodies on this important issue by, for example, providing provincial legislation and standards and comprehensive advocacy mechanisms.

Human Resource Issues

The Committee notes that the impact of system re-organization on those working in the health and social services system will have to be carefully considered.

Funding

The Committee suggested a system of **regional envelopes.** Each geographic area would be provided with a block sum with the amount based on at least the following factors: population; health and social needs indicators; local costs; and community resources available at that time (local discretionary contributions).

General Implementation Issues

The Committee notes that changes in the current funding system will create fears, which must be allayed, that through the mechanism of devolution, the Province plans to reduce its support of health and social services and to increase the tax burden on municipalities.

Furthermore, the Committee notes that the changes recommended are major and therefore implementation will be complex thereby requiring the ongoing commitment to devolution by those implementing the strategy.

The Committee then, as an extension of the recommendations regarding decentralization which the Council approved in December 1989, recommended the following:

Recommendation 1

The Provincial Government should work towards devolving responsibility for the provision of health and social services while retaining responsibility for funding, legislation, policy and standards. Devolved responsibilities include: budgetary allocation; service management; service planning; service coordination; service monitoring and evaluation. Devolution would be to either of two models, one accountable to local government, the other a special purpose body.

Recommendation 2

Devolution should be phased. It should be preceded by certain pre-conditions. These are: corporate integration of the Ministries of Health and Community Services; provincial decentralization of Ministry of Health functions; community readiness to assume devolved responsibilities; and a means of including vulnerable groups in decision-making.

Recommendation 3

Both the local government model and the special purpose body model should be implemented and evaluated in various locations in the province. The model of devolution to be used in a given region should depend on local need, local conditions and local preference.

2.10 AMO's Response to Implementation Issues

In the foregoing text, AMO has responded to the principles, criteria for problem-solving, the principle of devolution, and the advantages and disadvantages of two alternative models of devolution. In summary, AMO has:

- Recommended an additional principle: Local Decision-Making Focus - Decisions on services should be responsive to the specific local needs of the people and communities using them. Decision-making bodies should be accountable to the level or levels of government responsible for health and social services. Each level of government should have representation on decision-making bodies commensurate with their responsibility and accountability for health and social services.

- Recommended an additional criteria for problem-solving: Clarify policy/management, funding and delivery roles of provincial-municipal governments for health and social services.

- Supported the Councils recommendations that "the government should work towards provincial models of decentralized service delivery in health and social services" and that "the government should consider the integration of major elements of the Ministries of Health and Community and Social Services."

- Agreed that the transfer of functions to the local level should not be merely the simple administrative decentralization of provincial functions but should involve the devolution of decision-making authority for the planning, coordination and delivery of services to the local level.

- Made additional comments on the advantages and disadvantages of the two models of devolution.

At this point, the Association would like to address its response to the process which should be followed to assess and evaluate the models of devolution.

Disentanglement

The Committee notes that discussions are currently underway between the Province and municipalities and that "decisions about the appropriateness of the local government model need to be made in the context of these broader discussions." The *Report of the Advisory Committee to the Minister of Municipal Affairs on the Provincial-Municipal Financial Relationship* (Hopcroft Report) has served as the starting point of these broader discussions and has lead to the establishment of a 12-member provincial-municipal steering committee to oversee the process of consultation and further analysis of provincial and municipal roles and responsibilities. Broadly, the principle of disentanglement is that there should be a comprehensive re-organization of the provincial-municipal government partnership based upon a set of rational decision criteria or philosophical principles to ensure that all services are managed, financed and delivered by the most appropriate level of government.

As part of the disentanglement process, the issue of special purpose bodies will be specifically addressed in order to define some general parameters to govern their existence.

Recommendation 4

AMO recommends resolution of the issue regarding the most appropriate structure for local decision-making for health and social services be made in the context of the provincial-municipal disentanglement exercise.

2.10.1 Issues for Consideration

In referring the decision as to the most appropriate structure for local decision-making for health and social

services to the disentanglement process, AMO would like to recommend consideration of the following issues.

Case Study: Long Term Care Reform

The reform of long-term care services has been often referred to as an initiative which could both serve as a "case study" on provincial-municipal disentanglement and the principles established by the Premier's Council on the integration of health and social services and local decision-making.

Special Purpose Body Accountability

AMO has endorsed the Hopcroft Report's recommendation that "each level of government should have representation on special purpose bodies commensurate with their responsibility and accountability for that service." Therefore, in deciding on "which" model is most appropriate we first need to answer which level of government should be responsible (and thereby accountable) for the service.

As stated above, the resolution of the question of special purpose body accountability should be a central component of the disentanglement negotiations.

Disentanglement Principles for Consideration

A central principle of disentanglement is that "the allocation of policy/service management, financing and delivery responsibilities should be based on promoting accountability." This implies that the degree to which a level of government is policy or service manager for a service should typically determine its funding responsibility.

In the case of health and social services described in the reports of the Premier's Council, the policy function is proposed to remain at the provincial level, and management responsibilities devolved to the local level. There are no existing examples or models of this separation, and therefore it is necessary to examine the definition of management in terms of actual decision-making authority in order to determine appropriate funding responsibilities.

Comparison to AMO's Recommendations on Housing Programs

One example of local management responsibility for a service which is a provincial policy is housing. In response to the Provincial Government's consultation paper, *A Housing Framework for Ontario*, AMO

recommended that municipalities be delegated permissive authority to assume planning, delivery and housing allocation responsibilities for all housing programs. In recommending this, AMO noted some of the same advantages of the municipal role recognized by the Premier's Council with regards to health and social services: ensuring that local policies reflect local needs and variations; greater efficiency in the administration of housing programs; and greater coordination of all housing programs towards addressing housing needs in a comprehensive manner.

Remainder of AMO's Response

For the remainder of the reports of the Premier's Council, AMO has primarily summarized the main policy issues and recommendations, which, in principle, the Association supports. However, AMO's comments are prefaced with the following proviso: **That responsibilities for health and social services should be first resolved in the context of the disentanglement process.** Given this caveat, the following summarizes the reports and AMO's comments where appropriate.

3 *Nurturing Health: A Framework on the Determinants of Health*

The Healthy Public Policy Committee was formed to address the need for public policies that support health. The Report outlines the relationship between health and our social and physical environments, and encourages investments in public policies outside the traditional health care system.

Traditionally, health status has been equated with the availability of physicians and hospitals. This belief is reflected in the size of the current health care system and by the amount of financial resources it receives. However, it is clear that increased spending on formal health care is limited in its ability to improve the overall health of individuals and has a limited role to play in improving the overall health of the population. The main thrust of the report's recommendations is that to nurture health, we must also invest in other areas of public policy - for instance, those involving work conditions, the environment and child development. The following is a summary of the Committee's key recommendations for public policy initiatives in support of these broad priority areas.

Healthy Child Development Policy

There is strong evidence that the level of early childhood health care affects the overall development process and acquisition of skills essential to success in later life. The following public policy initiatives are suggested as possible means of significantly improving the health of children:

- comprehensive prenatal programs targeting high risk groups
- reducing poverty levels
- challenging children's abilities
- facilitating children's creative expression
- helping children develop deep, caring relationships
- assisting children to develop positive self-esteem.

Adult Adjustment and Labour Market Adjustment Policy

This policy area suggests that it is important for employees to gain a sense of control and have the freedom to make decisions. If people believe their contributions are valued, and know that when job difficulties arise there are good opportunities for income stability and retraining, they will feel more control over their lives and thus be less likely to suffer ill health. They will also be more productive workers.

The Committee recommends a wide range of labour market policies that promote greater flexibility in the workplace and that recognize the demands made on working people today will benefit the health and well-being of working people and their dependants.

Environmental Policy

This policy area states that public policies that preserve the integrity of the physical environment are essential to the health of the population and a "sustainable environment."

Examples of public policy initiatives to improve the quality of the human made and natural environments that are proposed are:

- enforcement of air quality standards

- treatment and prevention of hazardous waste
- safety of roads and workplaces

Finally, the Committee recognizes that environmental conservation and the economy are linked and therefore accepts the principle that environmental implications must be given full recognition in all decision making and conversely, that environmental considerations must take into account the state of the economy.

3.1 AMO's Response

The Report emphasizes a shift from a public health promotion model in which health is associated largely with lifestyle choices, to a model where health is increasingly tied to changes in the social and physical environments, and in particular, the occupational environment. The principles and initiatives suggested by the report support this re-orientation of public policy.

AMO recognizes and understands the need for such a re-orientation of public policy. Many municipalities have been in fact leading the way in public policy of this nature with the Healthy Communities concept. The Healthy Communities concept originated in Toronto in 1984. Some 100 communities across Canada have been pursing a broad scope of municipal and community initiatives intended to create policies and environmental conditions that will reinforce health. The focus is on local government and community initiatives in a wide variety of non-health sectors vital to community health and well-being.

One notable example is the City of Toronto's Healthy Toronto 2000 initiative. It recognized that city government as a whole must become involved in any effort to make Toronto the healthiest city possible. This calls for a broad, multi-sectoral and community-based initiative which the traditional public health department cannot implement alone. The broad health goals adopted by the City reflect those of the Premier's Council: reduce inequities in health opportunities; create physical environments supportive of health; create social environments supportive of health; and advocate for a community-based health services system.

The Healthy Communities initiative has also been recognized as a means of pursuing the health goals of the Premier's Council on Health, Well-Being and Social Justice.

This highlights the important place of municipal governments in being able to approach health from a comprehensive and holistic view. It also emphasizes AMO's earlier concern about the special purpose body model for devolution as not being able to fulfil the objective of a re-orientation of public policy which looks at broader factors which affect the health and well-being of individuals. AMO argued that opportunities for special purpose bodies to create linkages with related municipal services are less apparent and that creating new special purpose authorities would further move the system towards greater fragmentation of decision-making at the local level.

Recommendation 5

AMO believes that the principles and policies put forward in the report *Nurturing Health* and the report, *A Vision of Health*, should be key considerations in the determination of the most appropriate model for devolving authority for health and social services to the local level.

4 *A Vision of Health* and *Towards Health Outcomes, Goals 2 and 4: Objectives and Targets*

The Health Goals Committee articulated a set of priority health goals for the province in its first report, *A Vision of Health*. The report stated:

> We see an Ontario in which people live longer in good health, and disease and disability are progressively reduced. We see people empowered to realize their full health potential through a safe, non-violent environment, adequate income, housing, food and education, and a valued role to play in family, work and the community. We seen people having equitable access to affordable and appropriate health care

> regardless of geography, income, age, gender, or cultural background. Finally, we see everyone working together to achieve better health for all.

The Committee then established five goals that will help make this vision a reality:

1. Shift the emphasis to health promotion and disease prevention.

2. Foster strong and supportive families and communities.

3. Ensure a safe, high-quality physical environment.

4. Increase the number of years of good health for the citizens of Ontario by reducing illness, disability and premature death.

5. Provide accessible, affordable, appropriate health services for all.

In the second report of the Health Goals Committee, *Towards Health Outcomes*, the Committee focused on providing objectives and targets for achieving goals 2 and 4. The Committee considered its objectives and targets as "strategic" as they are intended to set the direction for change at the provincial level, but are not intended to dictate specific solutions:

> Government, provincial, regional, and local planning groups are urged to translate these strategic objectives and targets into operational plans that respect local mandates, needs and structures.

Goal 2 is most applicable to municipal governments and is discussed in detail below. Goal 4 focused on the reduction of risk factors for disease and disability, and the reduction of disability or disease-causing conditions themselves. Eleven objectives for Goal 4 were identified from reducing tobacco use to reducing disability among physically and mentally impaired citizens and increase their integration into the community.

4.1 Goal 2 - Foster strong and supportive families and communities

This goal emphasizes the importance of the social environment to health. The Committee established objectives and targets for improving the social and the built environments through changes in social services and housing policy. Six objectives for Goal 2 were identified, and targets were established for each as follows:

Objective 2.1: Provide opportunities for people to meet their economic needs

An adequate income and safe, meaningful employment are major determinants of health and well-being. Priority for intervention should be given to recipients of social assistance, low-wage/low-skilled workers, employable disabled persons, displaced workers, and single-parent families.

Targets

- By 2000, provide more employment opportunities by developing and establishing economic development strategies tailored to local economies.
- From 1995, ensure that social assistance payments cover the actual cost of a basic range of necessary goods and services consistent with overall community standards of living. (Necessary goods and services include food, household maintenance costs, clothing, recreation, transportation and insurance.)
- By 1995, develop programs to support employment for low wage workers and employable people with disabilities to ensure they are better off through employment.
- By 1995, enhance economic security for displaced workers covered by programs: for re-employment; for protection from unpaid wages and benefits; for retraining for older workers; and for retirement preparation.
- By 2000, reduce the level of unemployment among employable people with disabilities to that of the nondisabled population.

AMO's Response

These objectives and targets are largely under the jurisdiction of senior levels of government.

Objective 2.2:

Empower community members to influence policy, programming and the allocation and management of resources relating to health and social services.

Empowerment means giving people both the opportunity and capability to participate in decisions that affect programming, policy and physical environments. Participation in community governance structures and institutions is an effective mechanism through which individuals and communities may gain greater control over their life conditions.

Targets

- By 2000, ensure that the representation of consumers of health and social services be at least one third of the membership on governance structures.

  Governance structures include governmental and quasi-governmental authorities and committees, and boards of publicly funded agencies, that are responsible for policy, program and resource allocation decisions.

- Starting immediately, work together with local and regional (upper tier) structures so that by 2000 an appropriate level of authority for planning, allocating and managing resources for health and social services is achieved.

  The responsiveness, accountability and effectiveness of health and social services may be improved by decentralized decision-making. However, responsibility cannot be effectively transferred without a transfer of appropriate resources, authority and accountability.

AMO's Response

AMO agrees with greater consumer input on health and social services issues, but questions the membership of consumers on final decision-making governance structures (eg. committees of council) as suggested by the targets. Rather than ensuring representation on governance structures, AMO supports ensuring that there is input from advisory groups representing consumers (e.g. advisory bodies with a statutory right to input) on decisions related to health and social services.

Finally, these targets call for negotiation and discussion between the provincial and municipal governments to clearly define governmental roles and responsibilities for health and social services. The report, *Local Decision-Making for Health and Social Services*, more thoroughly addresses this issue; its recommendations and AMO's response should serve as the mechanism to address this objective and its targets.

Objective 2.3:

Provide habitats that support health and well-being.

Habitats are more than shelter. They are also transportation, access to green space, communication systems and other systems that are the infrastructure for human activities. However, adequate and appropriate shelter is being emphasized at present, because of the deficiency of accessible, affordable rental housing, and transitional and emergency housing in many Ontario communities. Objectives for healthy physical environments are presented under Goal 3 (a report on which is yet to be released).

Targets

- By 1993, increase to 100% the percentage of municipalities that have a plan for development and approval of accessible, affordable, non-profit rental housing units to meet the needs of the population.

  Municipalities should work together with the Ministries of Housing and Municipal Affairs in the development of these plans.

- Until the year 2000, fund the production of not less than 10,000 non-profit rental units per year.

- By 1992, have in place, in each municipality, a plan to have transitional housing and emergency shelters available to all people in need.

  Emergency housing includes accommodation and support services currently provided under the following programs: emergency shelter and assistance; family violence shelters and counselling; and emergency shelters. Transitional housing includes halfway houses and rehabilitation programs in addition to the more traditional rooming and boarding house accommodation for low-income individuals. The

plan should be tailored to each municipality and developed jointly by the municipality, Provincial Government and voluntary agencies.

- By 2000, substantially reduce the barriers to independence faced by disabled persons by increasing the accessibility of buildings and implementing specialized, demand-responsive transportation systems.

  Accessibility for people with all disabilities should be considered in building design, room design and transportation systems. This includes mobility disabilities, as well as visual, hearing, speech and cognitive and other disabilities.

- By 2000, increase the target proportion of special needs housing units within non-profit projects for 10% to 12%.

AMO's Response

AMO supports target-setting, however, particularly with respect to some of the targets set for this objective, targets should be established which are appropriate to local housing conditions in communities. As stated at the outset of the report, these should be considered as strategic objectives and targets which need to be made into operational plans that respect local mandates, needs and structures.

For example, AMO questions the possibility that municipalities could achieve target 1 given that most do not have non-profit housing corporations. Furthermore, to oblige municipalities to prepare a plan for emergency housing is questionable given that municipalities are not responsible for the provision of this form of housing.

These issues demonstrate the necessity of establishing targets which identify or acknowledge the level of government responsible for services or having the decision-making authority to achieve the targets.

Recommendation 6

AMO recommends that targets for achieving health and social services objectives should identify the level(s) of government with the authority and responsibility for achieving the targets.

AMO recently addressed some of the issues raised in these targets in the Associations' response to the Provincial Government's consultation paper, *A Housing Framework for Ontario*. These recommendations are summarized below. AMO recommended that the Provincial Government should recognize the expertise of municipal governments and provide incentives for more involvement in housing. Examples of incentives include giving greater flexibility and autonomy in the administration of housing programs to municipal governments. AMO also agrees with encouraging municipalities to establish non-profit housing corporations where there is a need and demand and where other agencies are not serving this demand. However, AMO recommended that this must go hand in hand with a clarification of provincial and municipal roles and responsibilities for the overall housing system.

Regarding non-permanent housing, such as emergency housing and transitional housing, AMO recommended that an interministerial, coordinated approach is necessary to address the provision of funding for both the physical unit and support services. The Ministry of Housing should be the lead government Ministry with primary responsible for non-permanent housing, and coordination with the Ministry of Community and Social Services.

Regarding housing design for special needs, AMO supported the current policy of creating a minimum percentage of accessible units allowed in a project and allow for more as determined by the community. However, this policy should not require the full modification of units; that is, generic units could be designed to easily accommodate retrofits in the future. Funding could be made available through maintenance budgets for retrofits for accessibility based on need. It is better to meet needs this way rather than through the creation of units prior to the demonstration of need. This would address the problem of a mismatch between needs and unit designs.

AMO also supported ensuring that all common areas and entrances of a housing project are barrier free for all current and potential tenants. In addition, AMO recommended that technical guidelines should include models and information on design specifications for accommodating access by deaf and blind persons.

Objective 2.4

Provide all Ontarians with equitable access to quality life-long education.

AMO's Response

This objective and its targets are largely under the jurisdiction of senior levels of government.

Objective 2.5:

Increase efforts to assist family members and neighbours to care for each other and for other members of their community.

Targets

- Until 1995, increase the number of licensed child-care opportunities by 12% per year.
- By 1995, develop employment strategies to balance work and family care responsibilities.
- Re-direct resources within the health care envelope so that by 2000, resource allocation to community services is doubled to 10%.
- By 2000, reduce the incidence of violence against both women and children by 50%.
- By 1995, increase by 25% school-based psycho-social programs aimed at preventing, identifying and treating psycho-social problems.

AMO's Response

These objectives and targets are largely under the jurisdiction of senior levels of government.

Objective 2.6:

Increase research and database development to provide baseline information and facilitate measurement of progress towards achieving these objectives and targets.

AMO's Response

AMO agrees with the establishment of targets but also believes that they must be measurable in order to evaluate progress towards achieving the objectives. Therefore, AMO supports this objective.

5 *From Vision to Action* and *Achieving the Vision: Human Health Resources*

The Health Care System Committee focused on the existing formal health care system in Ontario. In its first report, ***From Vision to Action***, the Committee presented a strategic plan which focused on four key elements: hospital funding systems; physician payment methods; community services development opportunities; and organization linkages. The Committee's recommendations on the two key elements most applicable to municipalities -- community services development and organization linkages -- are highlighted below.

Community Services Development Opportunities

The Committee recommended a shift in emphasis and resources to the development of community services as an equal partner with the institutional sector in the provision of health services. The Committee recommended:

- Doubling of funding for community services within a defined time period, with a percentage earmarked for promotion and prevention activities. This could rely on a redirection of existing resources rather than a large infusion of additional funds.
- Pilot projects should be conducted to test a program-based funding model, new forms of organization and management, and enhanced local planning, accountability and funding envelopes.
- Fundamental change in professional education. Health policy, promotion and prevention, etc. should all be included in the core curricula of providers, health planners and administrators.
- Information about costs, fairness of access, quality of life, etc, must be made readily available and tailored to specific audiences - including the public, providers, and consumers.

Organization Linkages

The Committee recommended a decentralized approach to health care management and that a variety of local authority models be tested, some with funding envelopes.

These models should be evaluated in terms of meeting set objectives related to cost, quality of care, coordination, integration, improved health outcomes, and consumer satisfaction.

In developing these recommendations, the Committee realized that a human resources plan would be required to accommodate the shifts in health service delivery and to better utilize current resources rather than focus on the continuous growth in health care spending. Therefore, in its second report, *Achieving the Vision: Health Human Resources*, the Committee examined ways in which the human resources within the health care sector could be organized to maximize their potential.

Key recommendations on human resources include:

- Provincial leadership should be established through a lead minister of a central agency to provide a clearly defined focal point of responsibility for health human resources planning.

- Creation of a Health Human Resources Planning Agency (HHRPA) to develop a strategic human resources planning and management capability in Ontario.

5.1 AMO's Response

As an example of pilot projects, the Premier's Council on Health, Well-Being and Social Justice recently announced 13 community health demonstration projects to demonstrate cost-efficient, alternative and innovative ways to improve Ontario residents' health, and to stimulate community involvement in health planning and decision making.

AMO believes that the evaluation criteria for pilot projects should include a measurement of the progress towards achieving some of the objectives and targets discussed in the previously-reviewed report, *From Vision to Action*. Objective 2.6 recommended the establishment of a mechanism to achieve this.

The recommendation for pilot projects to test program-based funding models should be discussed in the context of the issues on decision-making and government roles and responsibilities as addressed in AMO's response to the *Local Decision-Making for Health and Social Services* report.

6 Conclusions

In the process of pulling together all of the reports of the Premier's Council, it became clear to the Association that there is a need for clearer coordination between all of the recommendations. For example, AMO has noted that decisions on a model for local decision-making need to include consideration of the health and social services system as envisioned in the full set of reports.

Similarly, some recommendations of the Premier's Council require that for a new vision of health to be implemented, clarity in government roles and responsibilities for health and social services is required as discussed in AMO's response to the local decision-making report.

7 Summary of Recommendations

Recommendation 1

AMO recommends the following additional principle - *Local Decision-Making Focus*:
- Decisions on services should be responsive to the specific local needs of the people and communities using them.
- Pending the successful resolution of the disentanglement of provincial-municipal responsibilities, decision-making bodies should be accountable to the level or levels of government responsible for health and social services.
- Each level of government should have representation on decision-making bodies commensurate with their responsibility and accountability for health and social services.

Recommendation 2

AMO recommends the following additional criterion for problem-solving: Clarify policy/management, funding and delivery roles of provincial-municipal governments for health and social services.

Recommendation 3

AMO supports the Premier's Councils's recommendations for decentralized service delivery for health and social services and the integration of the major elements of the Ministries of Health and Community and Social Services.

Recommendation 4

AMO recommends resolution of the issue regarding the most appropriate structure for local decision-making for health and social services be made in the context of the provincial-municipal disentanglement exercise.

Recommendation 5

AMO believes that the principles and policies put forward in the report *Nurturing Health* and the report, *A Vision of Health*, should be key considerations in the determination of the most appropriate model for devolving authority for health and social services to the local level.

Recommendation 6

AMO recommends that targets for achieving health and social services objectives should identify the level(s) of government with the authority and responsibility for achieving the targets.

7 Bibliography

Ontario. Premier's Council on Health Strategy. *From Vision to Action: Report of the Health Care System Committee.* Toronto: Premier's Council, 1989.

Ontario. Premier's Council on Health Strategy. *Vision of Health: Health Goals for Ontario.* Toronto: Premier's Council, 1991.

Ontario. Premier's Council on Health Strategy. *Achieving the Vision: Health Human Resources: Report of the Health Care System Committee.* Toronto: Premier's Council, March 1991.

Ontario. Premier's Council on Health Strategy. *Nurturing Health: A Framework for the Determinants of Health.* Toronto: Premier's Council, March 1991.

Ontario. Premier's Council on Health Strategy. *Towards Health Outcomes: Goals 2 and 4- Objectives and Targets.* Toronto: Premier's Council, March 1991.

Ontario. Premier's Council on Health Strategy. *Local Decision-Making for: Health and Social Services - Report of the Integration and Coordination Committee.* Toronto: Premier's Council, March 1991.

Ontario. Premier's Council on Health Strategy. *Towards a Strategic Framework for Optimizing Health.* Toronto: Premier's Council, March 1991.

Appendix A - Principles of the Integration and Coordination Committee

PEOPLE FOCUS

People will be considered as whole people, not as a series of parts.

People will be viewed in the context of their families and communities.

People's needs will determine service responses.

People will have every opportunity for well-informed choice.

The best health outcomes for people will be the determining factor in developing the appropriate bureaucratic, professional and agency boundaries.

In examining the system, the focus must be on the needs of people as whole persons.

Services must be developed to meet these needs.

The provincial role must be to support people in meeting their needs.

SERVICE FOCUS

A range of services will be organized and delivered in ways which respond to people as whole people, not as a series of separate mandates responding only to parts of the whole.

Services will:

- be accessible
- be appropriate
- be flexible
- have continuity
- be comprehensive

Services will be organized and delivered to be responsible to the social context in which people live.

Services will be organized and provided to be responsive to people's needs and minimize the requirement for people to navigate the system.

Those who plan, provide and govern services will participate in a dynamic partnership with consumers in which responsibility is shared.

Services will recognize the value of different and complementary contributions of those involved in service provisions.

PROVINCIAL GOVERNMENT FOCUS

The provincial government will be organized to support a delivery system which responds to people as whole persons and organized to provide consistent funding, standards and policies.

The Province will support the development of a delivery system which empowers communities to participate in the planning and management of their own services.

The Province will support the development of a delivery system which simplifies access to appropriate services, reduced confusion among service providers and minimizes complexity.

The Province will support the development of a delivery system which incorporates consumer participation in decision making through well informed choice.

The Province will develop policies, legislation, and education programs which promote a focus on whole people as the core of service delivery.

PUBLICATIONS ISSUED IN THE "AMO REPORT" SERIES

88-1	Education Funding in Ontario
88-2	Preliminary Response to New Directions for Child Care
88-3	1988 Provincial Budget Submission
88-4	AMO Submission to Provincial Cabinet
88-5	AMO Response to the Report of the Advisory Committee on County Government: "Patterns for the Future"
88-6	Pressures on the Partnership: Response to the Provincial-Municipal Social Services Review Discussion Paper
88-7	AMO's Unconditional Grants Proposal for 1989
88-8	AMO's Response to "Rental Housing Protection Act: Future Directions"
88-9	Municipal Authority to Regulate Occupancy on the Basis of Relationship
88-10	AMO Response to Bill 170 - Aggregates Resources Act
88-11	AMO Position on "Controlling Industrial Discharges to Sewers"
88-12	AMO Response to "A Review of the Conservation Authorities Program"
88-13	AMO Response to Bill 174, The Intervenor Funding Project
89-1	AMO Brief to the Province of Ontario: 1989-90 Transfer Payment Announcement
89-2	AMO Response to "Financing Growth-related Capital Needs"
89-3	AMO Report on the Draft Housing Policy Statement
89-4	Property Tax: a Provincial Tax? AMO Presentation to the Standing Committee of Finance and Economic Affairs
89-5	"Salvaging the Partnership": 1989 AMO Submission to Provincial Cabinet
89-6	Response to "Transitions", The Report of the Social Assistance Review Committee
89-7	Review of Bill 20 - An Act to provide for the Payment of Development Charges
89-8	Response to "County Government in Ontario"
89-9	Response to Draft Wetlands Planning Policy Statement
•	AMO Waste Management Study: The Waste Management Planning and Approvals Process ($15)
•	AMO Waste Management Study: The Municipal Waste Abatement Strategy
•	AMO Waste Management Crisis: A Shared Responsibility Brief to Provincial/Municipal Policy Forum
90-1	"A New Decade - A New Partnership"
90-2	Bill 107: The Police Services Act
90-3	"New Dimensions": Report of AMO Conditional Grants Review ($25)
90-4	"Reforming the Partnership": AMO Submission to Provincial Cabinet
90-5	AMO Response to the Proposal: "Towards New Heritage Legislation for Ontario"
90-6	Roles and Responsibilities: AMO's Response to the Report of the Provincial-Municipal Social Services Review ($15)
90-7	Long-Term Care Reform: AMO's Response to Strategies for Change - Comprehensive Reform of Ontario's Long-Term Care Services
90-8	Brief to the Interministerial Policy Forum: AMO's Responses to the Report of the Provincial-Municipal Social Services Review and Strategies for Change: Comprehensive Reform of Ontario's Long-Term Care Services

•	AMO Waste Management Study: Municipal Solid Waste Management - Whose Problem Is It? ($15)
•	AMO Financial Survey - Descriptive Report: Impact of Provincial and Federal Policies on 1989 and 1990 Municipal Budgets
91-1	AMO Pre-Budget Consultation Brief: "Towards Reform of Provincial-Municipal Finance"
91-2	AMO Response to: "Toward Improving the Environmental Assessment Program in Ontario"
91-3	AMO's Response to the 1991 Federal Budget
91-4	AMO's Response to "Back on Track, First Report of the Advisory Group on New Social Assistance Legislation"
91-5	AMO's Response to "Rent Control: Issues and Options"
91-6	Accountability and Special Purpose Bodies: The Example of District Health Councils
91-7	AMO Response to: "Extending Pay Equity By Proportional Value and Proxy Comparison"
91-8	AMO's Response to The Ministry of Environment Discussion Paper: Towards A Sustainable Waste Management System
91-9	AMO's Response to The Waste Section of the Ontario Round Table on Environment and Economy: Challenge Paper
91-10	AMO's Response to The Recycling Council of Ontario Discussion Paper: Who Should Pay for Recycling?
91-11	AMO's Policy Position on Reduction and Reuse
91-12	AMO's Response to the 1991 Ontario Budget
91-13	AMO's Response to "A Housing Framework for Ontario"
91-14	AMO's Response to "Government Land for Housing"
91-15	AMO's Response to "The Report of the Advisory Committee to the Minister of Municipal Affairs on the Provincial-Municipal Financial Relationship, 1991" (The Hopcroft Report)
91-16	AMO's Policy Position on: Scrap Tire Management and the Ontario Tire Tax
91-17	"Disentangling the Provincial-Municipal Relationship": 1991 AMO Submission to the Provincial Cabinet
91-18	AMO's Response to the 1991 Draft Wetlands Policy Statement
91-19	Implementation of the Land Use Planning for Housing Policy Statement: Issues and Recommendations ($15)
91-20	AMO's Response to the Reports of the Premier's Council on Health Strategy

Copies of all of the reports in this series are available, prepaid, at $10.00 each (except where otherwise noted) for postage and handling. Please send cheques, payable to the Association of Municipalities of Ontario, to Association of Municipalities of Ontario, 250 Bloor Street East, Suite 701, Toronto, Ontario M4W 1E6.